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CONFIRMATION NO. 6499

SERIAL NUMBER 10/767,471	FILING OR 371(c)	CLASS 435	GROUP ART U 1634	JNIT AT1	ORNEY DOCKET NO. CL001505	
Ann Bethea Be Victoria Elizabe Steven Jon Sch Heather Camille *** CONTINUING DATA This appln claims ben and claims ben and claims ben and claims ben *** FOREIGN APPLICA IF REQUIRED, FORE 03/30/2004 Foreign Priority claimed	ns benefit of 60/443,566 01/3 efit of 60/465,241 04/25/2003 efit of 60/495,115 08/15/2003 efit of 60/519,270 11/13/2003 ATIONS ************************************	STATE OR	t of 60/455,444 03 SHEETS DRAWING 1	/18/2003 TOTAL CLAIMS 26	INDEPENDENT CLAIMS 8	
ADDRESS 25748	Examiner's Signature in	tials				
TITLE	s associated with rheumatoid	d arthritis, methods of dete	ection and uses the	ereof		
RECEIVED No.	FILING FEE FEES: Authority has been given in Paper RECEIVED No to charge/credit DEPOSIT ACCOUNT			All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue,) Other Credit		